

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2980-63-030000
STATE FILE NUMBER

DO NOT WRITE-
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2980

FILED JUN 7 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF G. Stephen MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) LAKESIDE HOSPITAL		d. STREET ADDRESS 101 WEST 39TH STREET ALCAZAR HOTEL	
3. NAME OF DECEASED (Type or print) First DEE Middle ST. CLAIR Last CHENEY		4. DATE OF DEATH Month MAY Day 25 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/6/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER, SHOE DEPARTMENT HARZELD'S		11. BIRTHPLACE (City and state or country) MONTICELLO MAINE	
13a. FATHER'S NAME CHENEY		14. NAME OF HUSBAND OR WIFE MRS. ELIZABETH CHENEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		17. INFORMANT Address 101 WEST 39TH STREET KANSAS CITY MO	
18. CAUSE OF DEATH (Enter only one cause plus PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Generalized Coronary Heart Disease - 5 years. DUE TO (c) Generalized Arteriosclerosis. 5 years. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypostatic Pneumonia - Thrombosis in Rt. Femoral Artery.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:58 A. Month, Day, Year 5-25-63		20f. CITY, TOWN, OR LOCATION KANSAS CITY COUNTY MISSOURI STATE MISSOURI	
21. I attended the deceased from 11-5-56 to 5-25-63 and last saw him alive on 5-24-63		22c. DATE SIGNED 5-25-63	
22a. SIGNATURE G. Stephen (Degree or title)		22b. ADDRESS 3 East 39th Kansas City Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY MO		25. DATE RECD. BY LOCAL REG. 5-25-63	
26. REGISTRAR'S SIGNATURE Keith Long			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

A. Charles E. Stephenson
252 N. 1st Bldg. 3rd Fl. - 9th Street
12:30 - 3:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3566.

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.